

REQUEST FOR TRIP APPROVAL
Hamilton Township Public Schools Transportation
School Year 2015/2016

Choir/Band _____ **Athletic** _____ **Field** _____ (Please check one)

Request must be submitted at least 45 days prior to trip

(Please note that once a trip has been scheduled, all future changes
must be made in writing to Terry Vogt, Administrative Secretary to the Superintendent in the Board Office)

School: _____ Teacher: _____ Date of Request: _____

1. Nature of Trip & **Exact Location** of **Destination**: _____

2. No. of Students: _____ 3. Grade Level: _____ 4. Substitute Needed? _____

5. Teacher(s) in charge: _____

6. No. of Adults: _____ Chaperones _____ Teachers

7. **Date of Trip**: _____ **Day of Week**: _____
(**NO RAIN DATES** – TRIP MUST BE RE-SCHEDULED)

8. **Time of Departure From School**: _____ Arrival at Destination: _____

9. Time of Departure From Destination: _____ **Arrival Back at School**: _____

10. Provide any additional comments or information necessary for transportation: _____

Building Principal _____ **Date** _____

*The Building Principal must sign this form and then it should be forwarded to the Board Office, attention
Terry Vogt, Administrative Secretary to the Interim Superintendent for processing.*

*****Board Office will complete the following*****

Date Received by Board Office _____ Terry Vogt, Administrative Sec. to the Interim Superintendent

_____ **APPROVED** _____ **NOT APPROVED BY** _____
Dr. Maryann Banks, Interim Superintendent of Schools

of Buses Needed: _____ Total Cost _____

Faxed/e-mailed to Sheppard Bus Company: _____
Date

CONFIRMATION

Confirmed by Sheppard Bus Co. on: _____ **Confirmation#** _____

*A copy of this form will be sent to the teacher after the trip has been approved by the superintendent and scheduled by the Board office. The copy will serve as confirmation that the buses and date are reserved.

Copy sent to (via e-mail) _____ on _____
Teacher Date